

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

18/593,176

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	3		1				
5	3		1				
6	3		1				
7	3		1				
8	8		1				
9	8		1				
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50							
TOTAL IND.	/		/				
TOTAL DEP.	15	←	18	←	19	←	19
TOTAL CLAIMS	76		19				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							